J.S. Departm United States	ent o <b>chst</b> ice <mark>1</mark> Marshals Servic	:18-cv-01	134-WH	B Doc #?]	80 (HISS:)	OLOB for Servi	APT 1ACK P. ROEce of Process by U.S.	GUB#: Marshal"	87	
		STATE OF THE STATE OF		SAME		SOUTHER		11 11 12 12 13 13 13 14 15 14 15 14 15 15 15 15 15 15 15 15 15 15 15 15 15	O CAPTER	
PLAINTIFF '							COURT CASE NUMB	ER 11	.34	
DEFENDANT							TYPE OF PROCESS			
	Dr. Tallman								•	
	NAME OF INDI	VIDUAL, COM	PANY, CORP	ORATION, ETC	. TO SERVE OR	DESCRIPT	ION OF PROPERTY TO	SEIZE OR C	ONDEMN	
SERVE	Dr. Taller									
AT )	ADDRESS (Street	t or RFD, Apar	tment No., City	y, State and ZIP C	Code)	In M	14113-7664		1	
4	- 1200 (	JU+0'B1	10 Stre	el clev	6 1049'Q.	H10	7773"1041			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW							Number of process to be served with this Form 285			
Jin T. Clover Sr. 0236844							11 1 - C - din (a)			
,	BU BUX FLOOD						mber of parties to be ved in this case	6		
	P.O.BOX, 5600 enyphyga County Corr, Center								<del></del> . ·	
. 1	cleveland, (4110 44113-1664						Check for service on U.S.A.			
SPECIAL INST	RUCTIONS OR OT	HER INFORM	ATION THAT	r will assist	IN EXPEDITING	SERVICE	(Include Business and A	lternate Addr	esses.	
All Telephone N	lumbers, and Estim	ated Times Ava	mable for Serv	ricej:					Fold	
		or requesting sea	vice on hehalf	for III	N. A DITTIEF	TELEPH	IONE NUMBER	DATE		
Signature of Attorney other Originator requesting service on behalf of: DEFENDANT  DEFENDANT							4-26-18			
SPACE B	ELOW FOR	USE OF	U.S. MA	RSHAL O	NLY DO 1	WTON	RITE BELOW	THIS L	NE	
l acknowledge receipt for the total number of process indicated.  Total Process District Origin				District to Serve	Signature of Authorized USMS Deputy or Clerk Date					
(Sign only for USM 285 if more than one USM 285 is submitted)			No.	No						
I hereby certify a on the individual	nd return that I	ion, etc., at the	address snown	above on the on	die majviduzi , co	трату, со.	ed as shown in "Remarks poration, etc. shown at th	", the process e address inse	described rted below.	
1 hereby cert	ify and return that I	am unable to lo	cate the indivi	dual, company, c	orporation, etc. na	med above	(See remarks below)			
Name and title of individual served (if not shown above)							A person of suit	A person of suitable age and discretion then residing in defendant's usual place of abode		
Address (complete only different than shown above)							Date	Time	am	
							Signature of U.S. Marshal or Deputy			
O. dan Pos	Total Mileses Ch	narges Forwarding Fee Total Charges Advance Deposits					'Amount owed to U.S. Marshal* or			
Service Fee	Total Mileage Charges   Forwarding Fee   Total Charges   Advance Deposition   Advance Deposition   Forwarding Fee   Total Charges   Advance Deposition   Advance Deposition   Forwarding Fee   Total Charges   Forwarding Fee   Total Charges   Forwarding Fee   Total Charges   Forwarding Fee   F					(An	(Amount of Refund*)			
REMARKS:					1	• •				

1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

4: BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please-remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR'EDITIONS MAY BE USED

U.S. Department of as accil: 18-cv-01134-WHB DOC #PROCESS RELOCATED REGULER 88 See "Instructions for Service of Process by U.S. United States Marshals Service PLAINTIFF TYPE OF PROCESS DEFENDANT Officer IROIN OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN IRDIN, C/O CUNAHURA COUNTY COCC. (P.)
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Ontario Street Cleveland Othio 44113 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be Z served with this Form 285 Jim T. Glover Ir. 0236844 Number of parties to be P.O.BOX 5660 served in this case enyahoga county corr. center Check for service cleverand, Othio 44113 on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Fold TELEPHONE NUMBER Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF 4-26-18 DEFENDANT CE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE Signature of Authorized USMS Deputy or Clerk Date District to District of Total Process I acknowledge receipt for the total Origin Serve number of process indicated. (Sign only for USM 285 if more No. No. than one USM 285 is submitted) I hereby certify and return that I 🗌 have personally served , 🗋 have legal evidence of service, 🗋 have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) A person of suitable age and discretion Name and title of individual served (if not shown above) then residing in defendant's usual place of abode Time Date Address (complete only different than shown above) am D pm Signature of U.S. Marshal or Deputy

REMARKS:

Service Fee

I. CLERK OF THE COURT

2. USMS RECORD

Total Mileage Charges

including endeavors)

3. NOTICE OF SERVICE

4: BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

Forwarding Fee

Total Charges

Advance Deposits

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

'Amount owed to U.S. Marshal\* or

(Amount of Refund\*)

U.S. Department of Associal: 18-cv-01134-WHB Doc #PROCESS RECEIPTS AND PROCESS 89 See "Instructions for Service of Process United States Marshals Service COURT CASE NUMBER PLAINTIFF 10 Plour DEFENDANT ME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) cio Street, cleveland, OHIO 44113-1664 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 Jim T. Glover, 0236894 Number of parties to be served in this case P;UBOX 5600 Chyana county correctional center Cheurland, Who 44113 Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Fold -014 TELEPHONE NUMBER Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF 4-26-18 214) 801-0021 DEFENDANT FOR USE OF U.S. MARSHAL ONLY-DO NOT WRITE BELOW THIS LINE Signature of Authorized USMS Deputy or Clerk Date District to District of **Total Process** I acknowledge receipt for the total number of process indicated. Origin Serve (Sign only for USM 285 if more than one USM 285 is submitted) No. I hereby certify and return that I 🗌 have personally served, 🗋 have legal evidence of service, 🗌 have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) A person of suitable age and discretion Name and title of individual served (if not shown above) then residing in defendant's usual place of abode Time Date Address (complete only different than shown above) lam pm pm Signature of U.S. Marshal or Deputy Amount owed to U.S. Marshal\* or Advance Deposits Total Charges Total Mileage Charges Forwarding Fee Service Fee (Amount of Refund\*) including endeavors) REMARKS:

DIVENTE CORTES

1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

4: BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please-remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of asset e1:18-cv-01134-WHB DOC #PROCESS: RECOMBT4AND RE United States Marshals Service PLAINTIFF TYPE OF PROCESS DEFENDANT COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN ADDRESS (Street or RFD, Apartment No., City, State and Z. SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 Number of parties to be served in this case Check for service Cleveland, Ollo 94113 on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Fold -old DATE TELEPHONE NUMBER Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF 4-26-18 DEFENDANT SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE Signature of Authorized USMS Deputy or Clerk Date District of District to Total Process I acknowledge receipt for the total Serve number of process indicated. Origin (Sign only for USM 285 if more No. than one USM 285 is submitted) No. I hereby certify and return that I 🗌 have personally served , 🗋 have legal evidence of service, 🗋 have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. 1 hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place Time Date Address (complete only different than shown above) am ☐ pm Signature of U.S. Marshal or Deputy 'Amount owed to U.S. Marshal® or Advance Deposits **Total Charges** Total Mileage Charges Forwarding Fee Service Fee (Amount of Refund\*) including endeavors) REMARKS:

1. CLERK OF THE COURT

2. USMS RECORD

3: NOTICE OF SERVICE

4: BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

See "Instructions for Service of Process by U.S. Marshal" United States Marshals Service PLAINTIFF TYPE OF PROCESS DEFENDANT CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 Jim T. Glover or Number of parties to be P.O. BOD 5600 served in this case cleucland, OHIO 44101 Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Fold Fold DATE TELEPHONE NUMBER Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF 4-26-18 DEFENDANT 216/801-00 21 USE OF U.S. MARSHAL ONLY-DO NOT WRITE BELOW THIS LINE Signature of Authorized USMS Deputy or Clerk Date District to District of I acknowledge receipt for the total Total Process Origin Serve number of process indicated. (Sign only for USM 285 if more No. No. than one USM 285 is submitted) I hereby certify and return that I 🔲 have personally served, 🔲 have legal evidence of service, 🗋 have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place Time Date Address (complete only different than shown above) \_\_\_ am ∐ pm Signature of U.S. Marshal or Deputy Amount owed to U.S. Marshal\* or Advance Deposits Total Charges Total Mileage Charges Forwarding Fee Service Fee (Amount of Refund\*) including endeavors) REMARKS: PRIOR EDITIONS MAY BE USED 1. CLERK OF THE COURT

U.S. Department Casetid: 18-cv-01134-WHB Doc # PRIDE S REPORT SAND PROPERTY OF AND PROPERTY OF

- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4: BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

U.S. Department of Assecel: 18-cv-01134-WHB DOC #PROCESS RECEIPT6 AND RECEIP United States Marshals Service PLAINTIFF DEFENDANT NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN lere of Courty Soil ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 Tim To Colover Ja Number of parties to be served in this case P.O. BOX SGUD Cuyahaa County Corr. centrer Cleveland Ohio 44113 Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Fold old-DATE TELEPHONE NUMBER Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF 4-26-18 DEFENDANT SYACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE Signature of Authorized USMS Deputy or Clerk Date District of District to **Total Process** I acknowledge receipt for the total Serve number of process indicated. Origin (Sign only for USM 285 if more No. No. than one USM 285 is submitted) I hereby certify and return that I 🗌 have personally served, 🗋 have legal evidence of service, 🗋 have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place Time Date Address (complete only different than shown above) am am nq 🔲 Signature of U.S. Marshal or Deputy 'Amount owed to U.S. Marshal\* or Advance Deposits Total Mileage Charges Forwarding Fee Total Charges Service Fee (Amount of Refund\*) including endeavors) REMARKS:

PHANES CORES

1. CLERK OF THE COURT

2. USMS RECORD

3; NOTICE OF SERVICE

4: BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please-ternit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

J.S. Department Gaserica: 18-cv-01134-WHB DOC #PROCEESS RECORDET AND RECEIPER 93 See "Instructions for Service of Process by U.S. United States Marshals Service COURT CASE NUMBER PLAINTIFF TYPE OF PROCESS DEFENDANT Se LOCK CIH MENSON HEAT THE OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN NURSE LAGRACIA County Cuy Ahogo Con. Center ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) XXX ONtaRIO Street Cleveland, O. HIO 44113-1664 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 Jin T. Chover Ir. 0236844 P.O.Box 5600 eugahuga county corr. center Cleveland, Chio 49113-1664 Number of parties to be served in this case Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Allernate Addresses, All Telephone Numbers, and Estimated Times Available for Service): -olo TELEPHONE NUMBER Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF 4-26-18 DEFENDANT CE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE Signature of Authorized USMS Deputy or Clerk Date Total Process District of District to I acknowledge receipt for the total Serve number of process indicated. Origin (Sign only for USM 285 if more No. No. than one USM 285 is submitted) I hereby certify and return that I 🗌 have personally served, 🗋 have legal evidence of service, 🗌 have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place of abode Date Time Address (complete only different than shown above) □ am □ pm Signature of U.S. Marshal or Deputy Amount owed to U.S. Marshal\* or Advance Deposits Total Charges Service Fee Total Mileage Charges Forwarding Fee (Amount of Refund\*) including endeavors) REMARKS:

THE PERSONS

1. CLERK OF THE COURT

2. USMS RECORD

3: NOTICE OF SERVICE

4: BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED